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CONFIRMATION NO. 7719

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/322,248	<b>FILING OR 371(c) DATE</b> 05/28/1999 <b>RULE</b>	<b>CLASS</b> 241	<b>GROUP ART UNIT</b> 3725	<b>ATTORNEY DOCKET NO.</b> 3962	
<b>APPLICANTS</b> MARCELLO QUADRANA, BOLOGNA, ITALY; <b>** CONTINUING DATA *****</b> This application is a CIP of 08/962,824 11/03/1997 ABN <b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 06/29/1999</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> AIR MAIL Daniel O'Byrne Via del Parione, 8 50123 Firenze , ITALY					
<b>TITLE</b> FOOD GRINDER					
<b>FILING FEE RECEIVED</b> 380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/322,248	05/28/99	241	3725	3962

APPLICANT

MARCELLO QUADRANA, BOLOGNA, ITALY.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A CIP OF 08/962,824 11/03/97

*[Signature]*

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

*[Signature]*

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

*[Signature]*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/29/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<i>[Signature]</i>	ITX	4	17	3
Examiner's Initials		Initials			

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TITLE

FOOD GRINDER

FILING FEE RECEIVED	FEEs: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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